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(800) Operating Companies	FCC Form 481
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<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org
<810>	Reporting Carrier	Peoples Rural Telephone Cooperative Corporation, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]



Home

e-Bill

Phone

DSL

TV

Peoples Rural Telephone Cooperative
1080 Main Street South, McKee, Kentucky 40447
(606) 287-7101 (606) 593-5000

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Need help paying for your telephone bill?

Lifeline Enrollment Form

Lifeline is a government program that offers qualified people a discount on their monthly local telephone bill.

What Programs Are Available to Assist Low-Income Consumers?

The Lifeline program is available to assist low-income consumers with their telecommunications needs.

What is the Lifeline Program?

The Lifeline program was designed to preserve and promote telephone services to qualified low-income households. The program provides a monthly discount on local service, which can be either LANDLINE or WIRELESS service. The combined federal and state discount in Kentucky is up to \$12.75 per month.

Enrollment in Lifeline provides the following benefits:

- Waiver of universal service fee.
- Reduction in monthly residence line charge.
- Free toll blocking service.

Federal rules limit each household to one Lifeline discount.

You may have home landline telephone service OR one wireless telephone. You may not get Lifeline discounts on two telephone lines.

How is the Lifeline Program Funded?

The Kentucky Public Service Commission approved a small charge to be placed on all telephone customers' bills to help eligible low-income consumers maintain basic phone service.

Who May I Contact With Questions?

Contact the business office of Peoples Rural Telephone Cooperative with any questions you may have about the Lifeline program.

Contact Peoples Rural Telephone Cooperative for enrollment details.

You must be able to provide proof of participation in a qualifying program or show that you meet the income guidelines.

Who is Eligible for Lifeline?

You are eligible to enroll in the Lifeline program if you participate in one of the following:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing - Supplemental Security Income
- Low-Income Home Energy Assistance Program
- Temporary Assistance to Needy Families
- National School Free Lunch Program OR have income at or below 135% of the federal poverty guidelines AND You have paid or made payment arrangements for any outstanding balance for telephone services provided to you or any member of your household at your current address.

Household Size	Total Income	Household Size	Total Income
1	\$15,512	3	\$26,366
2	\$20,939	4	\$31,793
Add \$5,427 for each additional person			

How do I apply?

To apply for Lifeline call (606) 287-7101. You will be asked to provide proof of your eligibility by providing a copy of a document that verifies that you participate in any of the programs mentioned above. Your Lifeline benefits will take effect when proof of eligibility is received.

How do I continue to receive Lifeline benefits?

Your benefits will be discontinued when you no longer meet eligibility requirements or when proof of eligibility is not received.

Lifeline: Affordable Telephone Service for Income-Eligible Consumers

Pre-screening Tool

Peoples Rural Telephone Cooperative prtc@prtcnet.org [Acceptable Usage Policy](#)

Need DSL or Internet Help? Call our Help Desk Number 24/7 : 287-HELP (4357)

We may present websites and links to information on the Internet in our marketing materials, corporate website and other forms of customer communication. This is for informational purposes only as we do not endorse, insure, or indicate responsibility for the material on these websites.

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PEOPLES RURAL TELEPHONE COOPERATIVE (PRTC) LIFELINE INITIAL ENROLLMENT FORM

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless OR one home telephone, but not both**. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

Please complete the form below. You must give proof of eligibility with your application. Send the completed form and proof of eligibility to: PRTC, P. O. Box 159, McKee, KY 40447.

Applicant Name _____		Phone Number _____													
Email Address _____	Social Security No. _____	Date of Birth _____													
Residential Address _____															
(No PO Box)	Street _____	Apt. _____	City _____ State _____ Zip Code _____												
Is your home address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO															
Billing Address (If different) _____															
	Street _____	Apt. _____	City _____ State _____ Zip Code _____												
Person Eligible for Lifeline if Different than Applicant _____		Relationship to Applicant _____													
Social Security Number if Different than Applicant _____		Date of Birth if Different _____													
Initial here	I give PRTC permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, & I will have to select one service and I will be de-enrolled from the other.														
Check the appropriate statement															
<input type="checkbox"/> I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application. (Please check all that apply)															
<input type="checkbox"/> Federal Public Housing Assistance/Section 8 <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Medicaid <input type="checkbox"/> National School Lunch free lunch program <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)															
OR															
<input type="checkbox"/> I certify that my household income is at or below 135% of the Federal Poverty Guidelines		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Household Size</th> <th>Total Income</th> <th>Household Size</th> <th>Total Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$15,512</td> <td>3</td> <td>\$26,366</td> </tr> <tr> <td>2</td> <td>\$20,939</td> <td>4</td> <td>\$31,793</td> </tr> </tbody> </table>		Household Size	Total Income	Household Size	Total Income	1	\$15,512	3	\$26,366	2	\$20,939	4	\$31,793
Household Size	Total Income	Household Size	Total Income												
1	\$15,512	3	\$26,366												
2	\$20,939	4	\$31,793												
Number of people in your household <input style="width: 50px;" type="text"/>		Add \$5,427 for each additional person													
Initial each box	I certify, under penalty of perjury, that:														
	My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.														
	I understand that I must notify PRTC within 30 days: (1) if I move to a new address; (2) if I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines; (3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications.														
	I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.														
By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.															
Signature _____		Date _____													

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PEOPLES RURAL TELEPHONE COOPERATIVE CORPORATION, INC. (SAC 260415)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY